

## DISCOUNT COUPON for Telephone Services

Please Check:  
☐ NEW Service  
☐ Monthly Discount

If **you** are **an adult, receive Medicaid services** and **have your own phone**, you may qualify for a discount on your local telephone service. Please fill out this DISCOUNT COUPON. Drop it off at your local OPA. We will verify eligibility now and annually and send your name on to your local telephone provider. Look for a rate reduction in about two months. If you have NO phone, you may qualify for a connection fee discount. Please contact your local phone company and place an order for phone service. By signing this form, you are consenting to dissemination of this information to all applicable parties including your telephone provider.

Name (please print)

Telephone number (required)

Address

City/State/ Zip

Social Security Number (required)

Your Local Telephone Company

Signature

Date

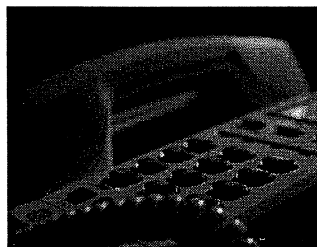
### ***The Montana Telephone Assistance Program***

*A service of the State of Montana and your local telephone company*

***You are responsible to report any changes in Medicaid eligibility to your phone company***

DPHHS-HCS-415  
(REV 10/2005)

Back of card:



### **Facts about the Telephone Assistance Program**

#### **Who is eligible? If you,**

- 1) Are an adult (18 years or older),
- 2) Currently receive Medicaid services, and
- 3) Have your own phone (in your name).

You may qualify for discounts of more than half the monthly phone rate on your local telephone service (no long distance carriers).

**How do I apply?** Please fill out this DISCOUNT COUPON. Drop it off at your local OPA. We will verify eligibility now and annually and send your name on to your local telephone provider. Look for a rate reduction in about two months.

**I do not have a phone, can you help?** If you are an adult, receive Medicaid services and have NO phone, you may qualify for a 50% discount on the connection fee, as well as a monthly rate discount. Please contact your phone company and place your order for service.

**You are responsible to report changes in your Medicaid eligibility to your phone company.**

**Questions?** Contact your local Office of Public Assistance

